PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifica	correspondence including below or directed oth tions.	ng the Patent, advancerwise in Block 1	ance orders and notification, by (a) specifying a new	on of n	naintenance fees w pondence address;	ill be and/or	mailed to the current (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					s) Transmittal. Thi rs. Each additional	s certif paper	icate cannot be used for	r domestic mailings of the or any other accompanying nt or formal drawing, must	
22852		/2007 .							
FINNEGAN, F LLP 901 NEW YOR	HENDERSON, FA	ARABOW, GA	ARRETT & DUNN	IERner State addr trans	Cert cby certify that thi s Postal Service w essed to the Mail amitted to the USPT	ificate s Fee(s ith suf Stop TO (57	of Mailing or Transi) Transmittal is being ficient postage for firs ISSUE FEE address i) 273-2885, on the de	mission g deposited with the United it class mail in an envelope above, or being facsimile ate indicated below.	
WASHINGTON						(Depositor's name)			
						(Signature)			
								(Date)	
APPLICATION NO.	N NO. FILING DATE		FIRST NAMED INVE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/721,426	10/721,426 11/26/2003		Michael Conrad		07781.0115-00000		6619		
TITLE OF INVENTION: METHOD AND SOFTWARE APPLICATION FOR AVOIDING DATA LOSS									
				•					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DU	E PUBLICATION FEE	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0 04/25/2607 Der		\$1700 EMMSHU2 60960265	04/30/2007 10721426	
EXAMINER		ART UNIT	CLASS-SUBCLA	.SS	G1 FC:			1490.00 OP	
·KIM, DANIEL Y		2185	711-152000		62 FC:1504			300.00 OP	
. Change of correspond FR 1.363). Change of corresp Address form PTO/SI	ence (1) the names of or agents OR, all	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Tennaless Connect to 5							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			registered attorn 2 registered pate	registered attorney or agent) and the names of up to					
. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
	SAPA	3, Walldorf,	Germany					•	
Please check the appropr	iate assignee category or	categories (will no	t be printed on the patent)	: 🖸	Individual 🙀 Co	rporati	on or other private gro	oup entity Government	
a. The following fee(s): Signature Si): (Plea losed.	se first reapply an	y prev	iously paid issue fee s	shown above)				
W Publication Fee (N	Payment by cre	Payment by credit card. Form PTO-2038 is attached.							
Advance Order -	The Director is overpayment, to	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).							
. Change in Entity Sta	tus (from status indicated	d above)		-		-00			
	s SMALL ENTITY statu		·		3		TTY status. See 37 CF		
NOTE: The Issue Fee and interest as shown by the i	d Publication Fee (if requeecords of the United Sta	uired) will not be a tes Patent and Trad	ccepted from anyone other lemark Office.	than th	ne applicant; a regis	stered a	ttorney or agent; or th	e assignce or other party in	
Authorized Signature	1an	-15				24/			
Typed or printed name Brannon C. McKay				Registration No. 57,491					
This collection of inform in application. Confiden ubmitting the completed his form and/or suggesti 30x 1450. Alexandria, V	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this but fireinia 22313-1450 DC	FR 1.311. The info U.S.C. 122 and 37 USPTO. Time wirden, should be sen	ormation is required to obta CFR 1.14. This collection Il vary depending upon the it to the Chief Information S OR COMPLETED FOR	ain or r n is est e indiv Office MS TO	ctain a benefit by the mated to take 12 n idual case. Any cour, U.S. Patent and THIS ADDRESS	ne publ ninutes mment Fradem SENT	ic which is to file (and to complete, includin s on the amount of tin ark Office, U.S. Depa D.TO: Commissioner to	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.